| Under the Paparwark Reduction Act of 1995 to person  | The individual to technique or an prioritization of the                             | HYPE IT DIEDLEYS & HELD DANS CONTROL NUMBER      |
|--|---|--|
| PETITION FOR EXTENSION OF  | TIME UNDER 37 CFR 1 136(a)  | Docket Number (Optional)                         |
|  | th to Application of Michiel J. Tischic et al.                                      | 040432-0275915                                   |
|  | BITS replication or interest, realisting  |  |
|  | Application Number 09/701,463   | Fled<br>May 2, 2001                              |
| For Glycoproteins Having Lipid Mobilising Properties and Thorspeutic Applications Thereof  |   |  |
|  | Group Art Unit 1653   | Examiner<br>S. Snedden                           |
| This is a request under the provisions of reply in the above identified application.   | 37 CFR 1.136(a) to extend the period for  | ។ ស្រែឮ ឧ  |
| The requested extension and appropriate (check time period desired):   | e non-small-entity fee are as follows   |  |
| X One month (37 CFR 1.17(a)  | (1))  | 2 110.00   |
| Two months (37 CFR 1.17(a)(2))   |   |  |
| Three months (37 CFR 1.17(a)(3))   |   |  |
| Four months (37 CFR 1.17(a)(4))  |   |  |
| Five months (37 CFR 1.17(a)(5))  |   |  |
| Applicant claims small entity status above is reduced by one-half, and A check in the amount of the fee is   | *   | imount shown<br>,                                |
| Payment by credit card. Form PTO-2038 is attached.   |   |  |
| application to a Deposit Account.  | en authonzed to charge fees in this   | · :  |
| The Commissioner is hereby author or credit any overpayment, to Deput have enclosed a duplicate copy of  |   | required,  |
| I am the applicant/inventor  |   |  |
|  | e entre interest. See 37 CFR 3.71.<br>CFR 3.73(b) is enclosed. (Form PTO/S)<br>ard. | 3/96).   |
| attorney or agent under 37 CFR 1.34(a). Registration number if ecting under 37 CFR 1.34(a)   |   |  |
| WARNING: Information on this form may become public. Credit card information should not by included on this form. Provide credit card information and authorization on PTO-2038.                       |   |  |
|  |   | 1712   |
| F-cbruay 73 2054   | Gul and Salar   | Kenter   |
| Date   | / ASIgna  | , , ,  |
|  | Richard A. Stein<br>Reg. No 26,588  | berg   |
|  |   | or printed name                                  |
| NOTE: Signistures of all the inventors or assigned of record of the entire interest or their representative(s) are required. Submit malitable forms if more than one signature is required, see below. |   |  |
| Y Tour of 1 forms are supremed   |   |  |
| Burgen rout State noot: This form is assumated to take 0.1 for<br>the amount of sure you are required to complete this form a  | hers to Complete Time will vary depending upon the near                             | ids of the individual case. May communic but     |
| ha annount of Pills And Tha Labrated (D Colubidis 1849 (Out #  | resis se sent to più t-fron shomtallon Umcell, U.S., P\$1                           | ANT BIRE I TOUGHTAIN STREET, WEST HER TOUGH (X.) |

Burgen mout Seatument: This form to estimated to take 0.1 Nours to complete Tring with vary depending upon the needs of the individual case. Any comment me amount of bine you are neoded to complete the Form about the sent to the Chief information Officer, U.S. Patient and Trindents of Office, wearingford 20231 DO LADT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Communications for Patients, Weathington, DC 20231 CO LADT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Communications for Patients, Weathington, DC 20231 CO LADT 2/23/2004 2:55:15 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID: \* DURATION (mm-ss):04-22 C

PAGE 13/17 \* RCVD AT 2/23/2004 2:55:15 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID: \* DURATION (mm-ss):04-22

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